

**POPOVICH, WILES  
& O'CONNELL, P.A.**

ATTORNEYS AND COUNSELORS AT LAW

OCT 14 2004

Suite 600  
650 Third Avenue South  
Minneapolis, Minnesota 55402  
(612) 334-8989  
Fax (612) 334-8994Terry L. Wiles  
(612) 334-8992

<b>To: Examiner Suzette J. Jackson</b> <b>Group Art Unit: 3738</b> <b>Serial No.: 10/626,292</b> <b>Company: United States Patent and</b> <b>Trademark Office</b> <b>Location: Arlington, VA</b> <b>Phone: 703-308-6516</b> <b>Fax: 703-872-9306</b>	<b>From: Terry L. Wiles</b>  <b>Direct phone: 612-334-8992</b>  <b>Date: October 14, 2004</b> <b>Pages including cover sheet: 12</b> <b>Reference #: 415</b>
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**Comments:**

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: Giovanni Rolando et al. Attorney Docket: SBC1003USC3  
 Serial No.: 10/626,292 Group Art Unit: 3738  
 Filed: July 24, 2003 Examiner: Suzette J. Jackson  
 For: ANGIOPLASTY STENTS

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**AMENDMENT TRANSMITTAL**

Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith are an Amendment and Response (8 pages); and a Petition for Extension of Period for Response (1 page).

☒ The fee for a one-month extension of time is enclosed.

☒ No additional claim fee is required.

The fee has been calculated as shown below:

					Small Entity		Other than a Small Entity	
	Claims remaining after amendment		Highest number previously paid for	Extra Claims Present	Rate	Addit. Claim Fee	Rate	Addit. Claim Fee
Total	13	Minus	20	0	x 9		x 18	0
Independent	2	Minus	3	0	x 44		x 88	0
First presentation of multiple dependent claim					x 150		x 300	
Total							Total	0

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## Amendment Transmittal

Applicants: Giovanni Rolando et al.

Serial Number: 10/626,292

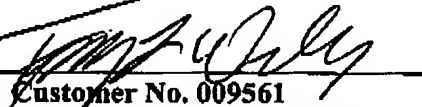
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- ☒ Please charge Deposit Account No. 16-2312 in the amount of \$110.00 to cover the fee for a one-month extension of time.
- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 16-2312.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17.

Respectfully submitted,

Date: 10/14/04

By



Customer No. 009561

Terry L. Wiles, Esq. (29,989)

Patrick J. O'Connell, Esq. (33,984)

Cecilia Jaisle, Esq. (28,824)

Miriam G. Simmons, Ph.D. (34,727)

POPOVICH, WILES &amp; O'CONNELL, P.A.

650 Third Avenue South, Suite 600

Minneapolis, MN 55402

Telephone: (612) 334-8989

Representatives of Applicants

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